

Foster Family Home - Corrective Action Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA

Review ID: 1-627424-7

94-606 Palai Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 2/4/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification review made on 2/04/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/04/2019.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) & 8.(a)(2) - APS/CAN lapsed for CG#2: due on/before 3/08/2018, done on 1/21/2019. Second set of APS/CAN and fingerprints for CG#3 due on/before 1/08/2019, none current in home folder. APS/CAN lapsed for HHM#1: was due on/before 3/16/2018, done 1/13/2019.

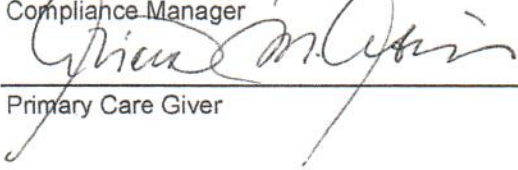
Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No record of Confidentiality policies and procedures training in home folder for CG#2, CG#3, and HHM#1.


Compliance Manager


Primary Care Giver


Date

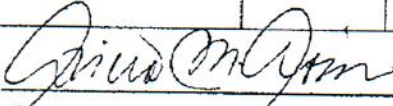

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ALICIA ABENDANIO
~~Abendanio Adult Foster Home~~ ERROR

CCFFH Address: 94-606 Palai St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8 (a)(1) 8 (2)(1)	APS/CAN for SCG#2 and HHM1 lapsed cannot be corrected. Its been corrected.	01/21/19 01/13/19	Home will utilize calendar and post it notes on binder write down due dates to prevent any future lapses. Home will be checking it on a monthly basis. Documents placed in Home Binder.
8 (a)(2)	Second set of APS/CAN and fingerprints for SCG#3 obtained.	02/25/19	
16 (b)(5)	SCG#2, SCG#3 and HHM#1 all read and sign confidentiality policies and procedure and client privacy rights form and put in Home Binder.	02/15/19	In the future all caregivers and household members will recieve this training 10 days whenever added to the Home.

Primary Caregiver's Signature: 

Print Name: ALICIA M. ABENDANIO

Date of Signature: 3/19/19